MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034095
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 49

FILED SEP 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0230
2 0230
3
4 0
5 1
6
7 0
8 2
9352X
10
11
12 70-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Revere
Length of stay in 1b: 5 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Clark
c. CITY OR TOWN: Revere
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Levi Middle: Marion Last: Wells

4. DATE OF DEATH: Month: Sept. Day: 12 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/12/1885

9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 H: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Levi M. Wells

13b. MOTHER'S MAIDEN NAME: Mary R. Boggess

14. NAME OF HUSBAND OR WIFE: Lenna M. Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs Lenna Wells - Revere Mo

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Paralysis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female w there a pregnancy in last 90 day
☐ Yes ☐ No ☐ Unknow

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1940 to 1962 and last saw her him alive on Sept. 10-1962
Death occurred at 10:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L L McConnell M D

22b. ADDRESS: Revere Mo

22c. DATE SIGNED: 9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 15-1962

23c. NAME OF CEMETERY OR CREMATORY: Revere Cemetery

23d. LOCATION (City, town, or county) (State): Revere Mo

24. FUNERAL DIRECTOR ADDRESS: Alva L. Sutley - Kahoka Mo.

25. DATE RECD. BY LOCAL REG.: 9/17-62

26. REGISTRAR'S SIGNATURE: J K Bunch

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Otis L. Sutton

Licensed Embalmer No. 2965

P. O. Address Lenny

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.